| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | | Form C-103 | | |
|--|--|---------------------------------|-------------------------------------|-------------------|---|----------------------------------|-----------------------------|
| <u>District I</u> 1625 N French Dr , Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | | s 「 | WELL API NO. | | |
| District II | OIL CONSERVATION DIVISION | | | | 30-015-37043 | | |
| 1301 W Grand Ave , Artesia, NM 88210 District III | 1220 South St. Francis Dr. | | | | 5. Indicate Type of | | _ |
| 1000 Rio Brazos Rd, Aztec, NM 87410 | Santa Fe, NM 87505 | | | - | STATE STATE 6. State Oil & Gas | | |
| District IV 1220 S St Francis Dr , Santa Fe, NM 87505 | ~ | 2,11120 | | | o. State Off & Gas | Lease No. | |
| SUNDRY NOT | ICES AND REPORTS | | | | 7. Lease Name or | Unit Agreeme | nt Name |
| (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIC PROPOSALS) | SALS TO DRILL OR TO D CATION FOR PERMIT" (F | EEPEN OR PLU DRIMECTE IN INC | JG BACK TO A | 7 | V | 04-4- | |
| PROPOSALS) | | HEU | EIVED | 1 - | 8. Well Number | ca State 9 | |
| 1. Type of Well: Oil Well 2. Name of Operator | Gas Well Other | MΔR | 0 8 2010 | | 9. OGRID Number | | |
| | OG Operating LLC | IN/CII | 0 0 2010 | | | 29137 | |
| 3. Address of Operator 550 W. Texas Ave., | | NMOCD | ARTESIA | | 10. Pool name or \ | Vildcat | 770) |
| 550 W. Texas Ave., Suite 1300 Midland, TX 79701 FREN; YESO, EAST (26770) 4. Well Location | | | | | | | |
| Unit Letter E : | 1650 feet from th | ne North | line and | 330 | feet from the | West 1 | line |
| Section 16 | | ip 17S | Range | 31E | | | |
| No. of the last of | 11. Elevation (Show | whether DR, | RKB, RT, GR | R, etc.) | | 5.4 | |
| Pit or Below-grade Tank Application 🔲 o | or Closure 🔲 | 3768' | GR | | | | |
| Pit typeDepth to Groundw | | nearest fresh w | ater well | Dista | nce from nearest surfac | e water | _ |
| Pit Liner Thickness: mil | Below-Grade Tank: | Volume | bbls | s; Con | struction Material | | 4.4 |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | | | |
| NOTICE OF IN | ITENTION TO: | | 5 | SUBS | EQUENT REP | ORT OF: | |
| PERFORM REMEDIAL WORK 🗌 | PLUG AND ABANDO | ON 🗌 | REMEDIAL \ | | _ | ALTERING CA | SING 🗌 |
| TEMPORARILY ABANDON | CHANGE PLANS | | 1 | | | P AND A | |
| PULL OR ALTER CASING | MULTIPLE COMPL | | CASING/CE | MENT | JOB 📙 | | |
| OTHER: | | | OTHER: | | | | |
| 13. Describe proposed or comp | leted operations. (Clea | arly state all p | pertinent detail | ls, and | give pertinent dates | , including est | imated date |
| of starting any proposed we or recompletion. | ork). SEE RULE 1103 | . For Multip | le Completions | s: Atta | ch wellbore diagrar | n of proposed | completion |
| 1/21/10 Test 5-1/2 csg 3, | 500psi. ok. | | | | | | |
| | inebry @ 5960-61 | 160 w/ 1 S | PF, 26 hol | es. A | cidize w/2,500 | gals acid. | Frac |
| | | | | | | | |
| w/114,000 gals gel, 150,052# 16/30 white sand, 30,649# 16/30 Siberprop sand. Set comp plug @ 5925. Perf Middle Blinebry @ 5690-5890 w/1 SPF, 26 holes. Acidize w/2,500 gals | | | | | | | |
| acid. Frac w/ 115,000 gals gel, 147,660# 16/30 white sand, 32,187# 16/30 Siberprop sand | | | | | | | |
| Set comp plug @ 5650. Perf Upper Blinebry @ 5420-5620 w/ 1 SPF, 26 holes. Acidize | | | | | | | |
| w/2,500 gals acid. Frac w/ 114,000 gals gel, 144,217# 16/30 white sand, 36,017# 16/30 | | | | | | | |
| siberprop sand. Set comp plug @ 5120. Perf Paddock @ 4870-5070 w/1 SPF, 26 holes. Acidize w/ 3,000 gals acid. Frac w/ 95,000 gals gel, 102,880 white sand, 192,671# 16/30 | | | | | | | |
| | | ic w/ 95,0 | 00 gals gel | , 102 | ,880 white san | t, 192,671, د | # 16/30 |
| Siberprop san 1/28/10 Drill out plugs. Cle | | 3536 | | | | | |
| 1/29/10 RIH w/182jts 2-7/8 | | | PIH w/ 2 | 2/1/2" | v2 1/4"v24" nu | mn | |
| 2/1/10 Hang on well. | 0.0# 000 tbg, 0 | 11 @ 331 | | - 1/2 | x2-1/4 x24 pu | πp. | |
| and the training out to the | | | | | | | |
| I hereby certify that the information grade tank has been/will be constructed or | above is true and comp closed according to NMOC | lete to the be CD guidelines | est of my know], a general pern | vledge nit 🗌 o | and belief. I further an (attached) alternat | certify that any pive OCD-approv | pit or below- ed plan □. |
| SIGNATURE MAUCSW |) | | Agent for CO | | DATE | 3/1/10 | • |
| The state of the s | | | | | | | _ |
| Type or print name Chasity Jacks For State Use Only | on E-ma | il address: c | jackson@conc | choreso | ources.com Teleph | one No. 432- | 686-3087 |
| | λ. | mr== - F | 2//2/ | 000 | | - · - · · | C 30: |
| APPROVED BY: Conditions of Approval (if any): | vay- | TITLE_ } | ield Su | per | VISO | date <u>3 - 1</u> , | <u>5-201</u> 0 |